

Informed Consent or Refusal for Dilated Fundus Exam

Stu	dent Name	DC)B_	/_	/
compl	ete ocular health examination	ops for the purpose of enlarging the pon cannot be done without dilation. Hour students need for optical devices.		•	
allow	on allows the doctor a better the doctor to better determine cooperative patients this is of	view of the retina to detect and monine any refractive error and need for eysten the best way to determine if there	yeglass	ses. In r	non-verbal
10) ho may c dilatio	will be some blurring of vis- ours and difficulty with near ause a slight headache. Rare on and complain of symptom	ion and glare because of enlarged pureading for 1 to 3 hours. The focusing ely people experience increased press a similar to migraine headaches or nation of this, they will not be dilated.	g abili sure in	ty is imp	paired and s after
You c	an reach Dr. Judkins if you h	nave questions about dilation at 801-4	164-20	020.	
0	I understand the benefits and risks of pupil dilation and give permission for my student to be dilated.				
	Parent / Guardian	Signed			Date//
0	I understand the importance of pupil dilation but do not give permission for my student to be dilated.				
	Parent / Guardian	Signed			Date//